



Billing Code 4160-90-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Agency for Healthcare Research and Quality**

**Agency Information Collection Activities:**

**Proposed Collection; Comment Request**

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ***“Medical Expenditure Panel Survey –Insurance Component.”*** In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the Federal Register on June 28<sup>th</sup>, 2013 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by [INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION].

**ADDRESSES:** Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395-6974 (attention: AHRQ's desk officer) or by email at [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) (attention: AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

**FOR FURTHER INFORMATION CONTACT:** Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at [doris.lefkowitz@AHRQ.hhs.gov](mailto:doris.lefkowitz@AHRQ.hhs.gov).

## **SUPPLEMENTARY INFORMATION:**

### **Proposed Project**

#### ***Medical Expenditure Panel Survey – Insurance Component***

Employer-sponsored health insurance is the source of coverage for 78 million current and former workers, plus many of their family members, and is a cornerstone of the U.S. health care system. The Medical Expenditure Panel Survey – Insurance Component (MEPS-IC) measures the extent, cost, and coverage of employer-sponsored health insurance on an annual basis. These statistics are produced at the National, State, and sub-State (metropolitan area) level for private industry. Statistics are also produced for State and Local governments.

This research has the following goals:

- 1) To provide data for Federal policymakers evaluating the effects of National and State health care reforms.
- 2) To provide descriptive data on the current employer-sponsored health insurance system and data for modeling the differential impacts of proposed health policy initiatives.
- 3) To supply critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product.
- 4) To support evaluation of the impact on health insurance offered by small employers due to the implementation of Small Business Health Options Program (SHOP) exchanges under the Patient Protection and Affordable Care Act (PPACA), through the addition of a longitudinal component to the sample.

This study is being conducted by AHRQ through the Bureau of the Census, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

### **Method of Collection**

To achieve the goals of this project the following data collections for both private sector and State and local government employers will be implemented:

- 1) Prescreener Questionnaire – The purpose of the Prescreener Questionnaire, which is collected via telephone, varies depending on the insurance status of the establishment contacted. (Establishment is defined as a single, physical location in the private sector and a governmental unit in state and local governments.) For establishments that do not offer health insurance to their employees, the prescreener is used to collect basic information such as number of employees. Collection is completed for these establishments through this telephone call. For establishments that do offer health insurance, contact name and address information is collected that is used for the mailout of the establishment and plan questionnaires. Obtaining this contact information helps ensure that the questionnaires are directed to the person in the establishment best equipped to complete them.
- 2) Establishment Questionnaire – The purpose of the mailed Establishment Questionnaire is to obtain general information from employers that provide health insurance to their employees. Information such as total active enrollment in health insurance, other employee benefits, demographic characteristics of employees, and retiree health insurance is collected through the establishment questionnaire.

- 3) Plan Questionnaire – The purpose of the mailed Plan Questionnaire is to collect plan-specific information on each plan (up to four plans) offered by establishments that provide health insurance to their employees. This questionnaire obtains information on total premiums, employer and employee contributions to the premium, and plan enrollment for each type of coverage offered – single, employee-plus-one, and family – within a plan. It also asks for information on deductibles, copays, and other plan characteristics.
- 4) Longitudinal Sample -- For 2014, an additional sample of small employers (those with 50 or fewer employees) will be included in the collection. This sample, called the Longitudinal Sample (LS), is designed to measure the impact on small employers of the SHOP exchanges that will become available that year. The LS will consist of 3,000 small, private-sector employers that responded to the 2013 MEPS-IC regular survey. These employers will be surveyed again in 2014 – using the same collection methods as the regular survey – in order to track changes in their health insurance offerings, characteristics, and costs.

The primary objective of the MEPS-IC is to collect information on employer-sponsored health insurance. Such information is needed in order to provide the tools for Federal, State, and academic researchers to evaluate current and proposed health policies and to support the production of important statistical measures for other Federal agencies.

### **Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to provide the requested data. The Prescreener questionnaire will be completed by 32,675 respondents and takes about 5 ½ minutes to complete. The Establishment questionnaire will be completed by 28,365 respondents and takes about 23 minutes to complete. The Plan questionnaire will be completed by 23,813 respondents and will require an average

of 2.2 responses per respondent. Each Plan questionnaire takes about 11 minutes to complete. The total annualized burden hours are estimated to be 23,150 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this data collection. The annualized cost burden is estimated to be \$679,221.

The estimates of annualized burden hours and costs have increased slightly relative to the 60-Day Notice due to the inclusion of the Longitudinal Sample in the estimates.

**Exhibit 1. Estimated annualized burden hours**

Form Name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Prescreener Questionnaire	32,675	1	0.09	2,941
Establishment Questionnaire	28,365	1	0.38*	10,779
Plan Questionnaire	23,813	2.2	0.18	9,430
<b>Total</b>	<b>84,853</b>	<b>na</b>	<b>na</b>	<b>23,150</b>

\* The burden estimate printed on the establishment questionnaire is 45 minutes which includes the burden estimate for completing the establishment questionnaire, an average of 2.2 plan questionnaires, plus the prescreener. The establishment and plan questionnaires are sent to the respondent as a package and are completed by the respondent at the same time.

**Exhibit2. Estimated annualized cost burden**

Form Name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Prescreener Questionnaire	32,675	2,941	29.34	\$86,289
Establishment Questionnaire	28,365	10,779	29.34	\$316,256
Plan Questionnaire	23,813	9,430	29.34	\$276,676
<b>Total</b>	<b>84,853</b>	<b>23,150</b>	<b>na</b>	<b>\$679,221</b>

\*Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13-1141, at <http://bls.gov/oes/current/oes131141.htm> (U.S. Department of Labor, Bureau of Labor Statistics.)

**Request for Comments**

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: September 10, 2013.

Richard Kronick, Ph.D.  
Director

[FR Doc. 2013-22578 Filed 09/16/2013 at 8:45 am; Publication Date: 09/17/2013]